

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/830476
(APPLICANT'S)

FILING DATE

3/17/05

CLAIMS

.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DER.	IND.	DER.	IND.	DER.				
1	1		1				51			
2			1				52			
3			1				53			
4			1				54			
5			1				55			
6			1				56			
7			1				57			
8			1				58			
9			1				59			
10			1				60			
11	①	Correl					61			
12	1		1				62			
13			1				63			
14			1				64			
15			1				65			
16			1				66			
17			1				67			
18			1				68			
19			1				69			
20			1				70			
21			1				71			
22			1				72			
23			1				73			
24			1				74			
25			1				75			
26			1				76			
27			1				77			
28			1				78			
29			1				79			
30			1				80			
31			1				81			
32			1				82			
33			1				83			
34			1				84			
35			1				85			
36			1				86			
37			1				87			
38			1				88			
39			1				89			
40			1				90			
41			1				91			
42			1				92			
43			1				93			
44			1				94			
45			1				95			
46			1				96			
47			1				97			
48			1				98			
49			1				99			
50			1				100			
TOTAL IND.	2		2				TOTAL IND.			
TOTAL DER.	22		26				TOTAL DER.			
TOTAL CLAIMS	104		128				TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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